

## December Website Updates

### **Accomplishments**

#### **12/23/05: MMA Section 503 - Recognition of New Medical Technologies Under Inpatient Hospital Prospective Payment System**

CMS published a notice (CMS-1329-N) announcing a Town Hall meeting scheduled for February 16, 2005, to discuss FY 2007 applications for add-on payments for new medical services and technologies under the hospital inpatient prospective payment system (IPPS). It is required by Section 503 of the MMA.

#### **12/2/05: MMA Sections 932 - Process for Expedited Access to Review and 933(a) - (c) Revisions to Medicare Appeals Process**

CMS issued a manual instruction (CR 4148) that covers multiple MMA provisions. Section 932 establishes a process to expedite access to judicial review for legal issues that cannot be resolved administratively. Section 933(a) requires providers and suppliers to present all evidence for an appeal to a qualified independent contractor (QIC). Section 933(c) amends the notice requirements for Medicare appeals by requiring that contractors must issue a written notice of the determination.

#### **12/7/05: MMA Section 623 - Payment For Renal Dialysis Services**

CMS announced that it has selected an additional organization, Evercare of Georgia, to participate in a new demonstration that will increase the opportunity for Medicare beneficiaries with end stage renal disease (ESRD) to join managed care plans. This demonstration has been designed to test the effectiveness of disease management models to increase quality of care for ESRD patients while ensuring that this care is provided more effectively and efficiently.

### **What to Expect**

#### **Proposed Rule: MMA Section 936(b)(3) - Provider Enrollment Process: Right of Appeal–Hearing Rights**

This proposed rule (CMS-6003-P2) would extend appeal rights to all suppliers whose enrollment applications for Medicare billing privileges are disallowed by a carrier or whose Medicare billing privileges are revoked, except for those suppliers covered under other existing appeals provisions of CMS regulations. This rule is required by MMA Section 936(b)(3).

*Targeted Release: First Quarter of CY 2006*

#### **Notice: MMA Section 623 - Payment For Renal Dialysis Services ESRD Advisory Group Announcement of Meeting – March 2006**

This notice (CMS-5033-N7) announces a meeting of the ESRD Advisory Group for March 2006.

*Targeted Release: First Quarter of CY 2006*

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### **Interim Final Rule: MMA Section 301- Medicare Secondary Payer**

This interim final rule with comment period (CMS-6272-IFC) clarifies when CMS may make a conditional Medicare payment when other insurance cannot reasonably be expected to make a prompt payment.

*Targeted Release: First Quarter of CY 2006*

### **Notice: MMA Section 434(a) Frontier Extended Stay Clinic Demonstration**

This notice (CMS-5030-N) announces the establishment of a demonstration project under which frontier extended stay clinics in isolated rural areas are treated as providers of items and services under the Medicare program.

*Targeted Release: First Quarter of CY 2006*

### **Notice: MMA Section 623 - Demonstration of Bundled Case-Mix Adjusted Payment System for ESRD**

This notice (CMS-5034-N) announces a 3-year demonstration to test a fully case-mix adjusted payment system for end stage renal disease (ESRD) services.

*Targeted Release: First Quarter of CY 2006*

### **Final Rule: MMA Section 936 (b)(1) - Requirements for Establishing and Maintaining Medicare Billing Privileges and Provider Enrollment Process**

This final rule (CMS-6002-F) is needed as part of the Administration's anti-fraud and abuse efforts. It gives CMS the authority to enroll and re-enroll providers, with time frames for re-enrollment. The rule also responds to comments received on the proposed rule and implements section 936 of the MMA, which establishes deadlines for action on enrollments and renewals.

*Targeted Release: First Quarter of CY 2006*